

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop JE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
 or Fax **(571)-273-2885**

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

30265 7590 04/21/2008

RAYMOND Y. CHAN
 108 N. YNEZ AVE., SUITE 128
 MONTEREY PARK, CA 91754



Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Raymond Y. Chan	(Depositor's name)
<i>[Signature]</i>	(Signature)
06/26/2008	(Date)

07/02/2008 WABDEL3 00000036 10829059

01 FC:2501 720.00 OP
 02 FC:1504 300.00 OP

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/829,059	04/20/2004	Qing-Hua Zhao	USP2321C-DRSH	6780

TITLE OF INVENTION: COMPOSITION AND METHOD OF USE OF MEDICAL TEST KIT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$720	\$300	\$0	\$1020	07/21/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
WALLENHORST, MAUREEN	1797	422-061000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

- 1 Raymond Y. Chan
David and Raymond
 2 Patent Firm
 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
☐ Advance Order - # of Copies _____

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

- ☒ A check is enclosed.
☒ Payment by credit card. Form PTO-2038 is attached.
☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 502111 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature _____

Date

Typed or printed name

Raymond Y. Chan

Registration No.

37,484

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



In The United States Patent and Trademark Office

Application Number: 10/829,059
First Named Inventor: Qing-Hua Zhao
Filing Date: 04/20/2004

Examiner: Wallenhorst, Maureen
Group Art Unit: 1797
Atty's/ Docket No.: USP2321C/SH027-QHZ

Title: Composition and Method of Use of Medical Test Kit

Date: May 27, 2008

Submission of Issue Fee and Publication Fee

MS Issue Fee
Commissioner for Patents
Alexandria, VA 22313-1450

Sir:

In response to the Notice of Allowance and Fee(s) Due dated 04/21/2008, the applicant respectfully submits a payment of Issue Fee and Publication Fee.

- ☒ A check in the amount of **\$1,020.00** is enclosed herewith for the payment.
- ☐ The Director is hereby authorized by charging the required fee(s) in the amount of \$ to the Deposit Account Number 502111 in the name of David and Raymond Patent Firm.
- ☒ The fees submitted are believed to be correct. However, the Director is hereby authorized to charge the additional required fee(s) or credit any overpayment to Deposit Account Number 502111 in the name of David and Raymond Patent Firm.
- ☐ Others:

Please accept the payment and/or document(s) and proceed with the issuance of the patent as soon as possible. Thank you for your assistance.

Respectfully submitted,

Raymond Y. Chan,
Reg. No.: 37,484
108 N. Ynez Avenue, Suite 128
Monterey Park, CA 91754
Tel.: (626) 571 9812
Fax: (626) 571 9813

Certification of Mailing

I certify that this correspondence will be deposited with the United States Postal Service as first class mail with proper postage affixed in an envelope addressed to: "MS Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" on the date below.

Signature:
Person Signing: Raymond Y. Chan

Date: 06/26/2008